

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10606

Registration District No. 165

Primary Registration District No. 5230

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community most of life
years, months or days)

8. (a) PRINT FULL NAME William Elton Lean

8. (b) If veteran,
name war

8. (c) Social Security
No.

4. Sex Male 5. Color or
race White

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife
Neva Marie

6. (c) Age of husband or wife if
alive 34 years

7. Birth date of deceased Jan. 11 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 1 19 hr. min.

9. Birthplace Stockton, Cedar
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name J. W. Lean
13. Birthplace Stockton, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Etta Hopkins
15. Birthplace Stockton
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Barnes

(b) Address Stockton, Mo.

17. (a) Old Union (b) Date thereof 3/2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director H.C. Lewis & Co.

(b) Address Stockton, Missouri

19. (a) March 7 (b) Mrs Minnie Bearton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR
(c) City or town STOCKTON
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased did not
attend 19 at all 19
that I last saw him alive Dead March 1 19 fo
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration

As he was dead when I
Due to arrived the cause was
made from his history
Due to

Other conditions
(Include pregnancy within 3 months of death) 94 W

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

9 25 (Specify type of place)
While at work? (e) Means of injury
23. Signature Preston J. Terrell (M. D. or other)
Address Humansville Date signed March 4 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton me

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.